

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. APPLICATION	FILING DATE
10/542874	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↑	↑	↑	↑
TOTAL CLAIMS			57	57	57	57

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↑	↑	↑	↑
TOTAL CLAIMS			57	57	57	57

BEST AVAILABLE COPY